

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914830	RECEIPT DATE:	09 / 04 / 01
IA NUMBER: PCT/	EP00 / 01443	IA FILING DATE:	02 / 23 / 00
FAMILY NAME:	JONES	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ANTHONY PATRICK	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 06 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PG3614USW	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE	9194832370
		FAX	
NAME:	DAVID J. LEVY		
	GLAXO SMITH KLINE		
STREET:	FIVE MOORE DRIVE		
	P.O. BOX 13398		
CITY:	RESEARCH TRIANGLE PARK		
STATE/COUNTRY:	NC	ZIP:	27709
EMAIL:			
APPLICATION TITLES:			
	MEDICAMENT DELIVERY SYSTEM		

TAB TO LAST POSITION,PUSH SEND